

**Lee County Health Department
Environmental Health Section
900 Woodland Avenue, Sanford NC 27330**

**APPLICATION FOR A PUBLIC SWIMMING POOL, OR SPA OPERATION
PERMIT**

SECTION A-FACILITY INFORMATION (See instruction sheet on back of this page)*

Facility Name: _____ Permit no. _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Phone Number: _____ Fax: _____
Date Pool Constructed: _____ Type of Pool: ☐ Swimming Pool ☐ Wading Pool ☐ Spa
Is pool VGB Compliant? ____ Yes ____ No **Documentation must be provided to validate**
Pump or drain covers been replaced since last season? ____ Yes ____ No **If yes, provide paperwork**

SECTION B-OWNER INFORMATION*

Owner's Name: _____ Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Email Address: _____
Title: _____ Phone Number : _____ Fax: _____

SECTION C-OPERATOR INFORMATION (Pool Operator)

Name of Operator: _____ Email Address: _____
Title: _____ Company Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax: _____

SECTION D-OPERATION INFORMATION*

The following information must be provided about the **FACILITY** and **OPERATOR** listed above.

1. Submit a photocopy of training certificate.
2. What date will the pool begin operating this season? _____
3. What date will the pool close this season? _____
4. What will the hours of operation be? _____
5. Where should future correspondences be mailed or emailed? :
☐ FACILITY ☐ OWNER ☐ OPERATOR
6. Would you prefer to be mailed or emailed information and updates? _____

Failure to submit a COMPLETE APPLICATION FORM or to follow the instructions on the back of this form will prevent our issuing a permit for operation.

SECTION E- PERMIT FEES

Annual Permit Fees (valid April 1- March 31)\$155.00 per pool/spa
Seasonal Permit Fees (opening date-October 31).....\$155.00 per pool/spa

SECTION F – CERTIFICATION

I certify that I am the owner or agent for the owner of the property described above and that the information contained in this application is both accurate and complete. I understand that any permit issued based on information provided in this application may be revoked if it is later determined this information is incorrect.

Signature: _____ **Date:** _____
Printed Name: _____ **Title:** _____

Purpose

This form is required for new swimming pool permits and for renewal of permits. You should complete a separate form for each swimming pool, wading, pool or spa you own or operated.

Instructions

- **Section A:** Enter the name of the facility; the physical and mailing address, city, zip code and construction date.
- **Section B:** Enter the name of the pool owner (individual, partnership, corporation, etc.); the mailing address of the owner with the city, state and zip code; the contact person for the owner; and the telephone number for the contact person.
- **Section C:** The rules require the owner of the each pool, wading pool or spa to provide for operation of the pool by a person who is responsible for pool operation, maintenance, safety and record keeping. The owner is responsible for maintaining documentation showing the operator has been trained on pool equipment operation, disease and injury prevention, pool water chemistry and regulatory requirements for public pools. Enter the name, company (if applicable) and contact information for the pool operator or CPO. (The operator is the person who will be responsible for daily readings of pool water chemistry, chemical additions, pool operating conditions, filing injury reports, etc., required by state law).
- **Section D:** For the pool operator listed in section C, attach a copy of their pool operator training certificate or fill in their CPO number. **If a new CPO, you must include a copy of their pool operator training certificate.** Provide the information required for questions # 1 through 5. Applications received without this information are considered incomplete.
- **Section E:** Renewals: Attach the applicable fee as shown on the front. The seasonal permit allows a pool to be operated until October 31 of the calendar year it is issued. Annual Permits are only valid for one (1) year from the date of issuance.
- **Section F:** Read the certification statement. The application must be signed by an authorized individual, dated and contain the printed name of the signing individual. Return the completed application to:

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Note: A public swimming pool, wading pool or spa cannot be operated until the owner/operator is in possession of a valid operating permit. For this reason, staff of the Lee County Health Department will not give verbal permission allowing operation of a facility that does not have a valid permit posted on the premises. The Department will take appropriate reinforcement action to ensure protection of public health in the case of facilities being operated without appropriate permits.